

Asbestos Project Notification Revision	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-7826	FORM R Page 1 of 1 2004 Revision
1. Project Code _____ (assigned by original notification submitter)	3. Revision Information Submitted by Name _____ Mailing Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____	
2. Revision # _____	4. Asbestos Contractor (As listed in original notification) Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____	
5. Facility Location (Where removal is to take place) BLDG Name _____ Floor and/or Rm.# _____ Physical Address _____ City _____ State _____ Zip _____		
6. Notification Revisions (Check all that apply) <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change Start Date from _____ to _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change End Date from _____ to _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change in Work Hours _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Cancellation of Project Date _____ to _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change in Contractor to _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change in amount of ACM being removed (Show increase or decrease) _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change in Waste Transporter to _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change in Disposal Site to _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Variance Request not previously submitted (Non-Standard Variance Request requires Department written approval) </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Change in abatement methods _____ </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Other _____ </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature _____ Date _____ </div> <div style="width: 45%;"> Print Name _____ </div> </div>		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin-left: auto;"> ME DEP USE ONLY Postmark/ FAX/ Hand delivered Date Received _____ </div>		
Important Note: This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department.		